



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Transitional Assistance

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Massachusetts Department of Transitional Assistance

Changing Family Homelessness

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The Commonwealth has historically been very generous in the amount of services and supports afforded to homeless families. In Fiscal Year 2004, Massachusetts spent over \$70M in the Emergency Assistance (EA) family sheltering program, administered by the Department—an increase of 82 percent over spending in this area from just five years earlier.

In spite of these increases, each of the past few years has seen the Department need to seek supplemental appropriations just to keep shelters open throughout the entire year or risk terminating families' shelter benefits. Early in FY04, this appeared to be another likely scenario unless the agency somehow changed the way in which family homelessness was being managed and administered.

At that time, the prospects for changing the system were not good. Massachusetts, like other states, was forced to freeze the number of federal Section 8 housing vouchers, historically a significant resource for moving families out of shelter.

This was all occurring during a time in which the Department was placing hundreds of homeless families in hotels due to a lack of capacity in its network of family shelters. Spending on hotels topped \$20M in the previous fiscal year. No one could defend this practice and it was clearly not an appropriate placement for homeless families who then became isolated in hotels without any services and minimal case-management. Furthermore, in her role as chair of the Interagency Council on Homelessness, Lt. Governor Healey challenged the Department to eliminate the need to place homeless families in hotels over the course of the next 24 months. Clearly something had to change. Below is a list of activities undertaken by the Department over the course of the past year and a half:

1. The first thing the agency did was to implement and train on the agency's Self-Sufficiency Plan (SSP), a document completed for each family in emergency shelter. The training instilled a partnership between Department staff, shelter providers, and the families themselves in planning for their exit from shelter. The SSP became a document spelling out all parties' responsibilities in addressing the family's barriers to obtaining and maintaining housing. From the first day a family enters shelter, focus is now given to the day it will exit.
2. The Department then purchased additional capacity. Given the lack of additional funding, the Department worked in collaboration with its shelter providers to bring on additional shelter capacity, with the understanding that a new unit could not cost more than the current price of a hotel placement. Some units ended up costing less. These collaborative efforts led to an increase of 148 rooms in FY04.

3. Because of the additional capacity, we were able to undertake a number of initiatives that changed the “front door” of our system. Historically, given the lack of capacity, a homeless family entered EA by being placed in a hotel for a couple of months until a shelter unit opened. We turned this around. No longer would families be placed in hotels upon entering the system.

- On the Cape, we implemented a pilot that provided a regionally-based approach to managing family homelessness from Provincetown up to the Brockton area. Networks were created across local DTA offices that leveraged community-based resources and open shelters that might not have been in the immediate community. This regional approach led to further dramatic declines in the number of hotel cases on the Cape.
- On the North Shore, we experimented with an intake/assessment model. Rather than being placed in hotels, families were put into a 30- to 45-day assessment shelter that helped us identify their needs and barriers to housing. Again we saw a dramatic decline in the number of families in hotels and the number entering our sheltering system as roughly half of all families found alternatives to homeless shelters.

4. Given the tremendous savings afforded by the aforementioned initiatives, DTA took the financial pressure off of the account and was then able to explore investments in the sheltering system to further assist those families who found themselves in shelter. Not only have these initiatives paid off, they’ve helped to better assist homeless families. Among them:

- The agency crafted a one-time, \$6000 placement bonus called Shelter to Housing (S2H) for housing providers who placed employed homeless families into apartments with a 12-month lease. Over 200 families have been placed in private apartments, further freeing up capacity and resources for other EA families.
- With the increased capacity, the Department expanded its case-management efforts by hiring 13 Intensive Case Managers (ICMs). These additional staff were put through several weeks of training to deal specifically with homeless families and began visiting all remaining families in hotels on a daily basis. This regular presence greatly enhanced our ability to place families in more appropriate settings as well as to ensure the family was complying with their Self-Sufficiency Plan.
- The hiring of the ICMs was done in conjunction with our Motel to Shelter (M2S) initiative that focused on moving remaining hotel families into vacant sheltering units. Although this initiative began earlier in the year, M2S efforts were augmented over the summer months in order to eliminate the disruption such moves would cause homeless children during the school year.
- In conjunction with the Department of Housing and Community Development (DHCD), DTA also invested funds in a local housing authorities (LHAs) pilot program, which places homeless families for 6 months and then transitions them into regular LHA units. This initiative placed 10 families in FY04 and we’re on schedule to place an additional 100 families this fiscal year.
- With the findings of a DTA survey showing nearly half of the longer-term families in hotels had some self-reported disability, the most prevalent being a behavioral or mental health issue, the Department partnered with the Massachusetts Behavioral Health Partnership (MBHP) to create a partnership for local DTA offices on the North Shore. This pilot allows us to better serve families with behavioral/mental health barriers to obtaining and maintaining housing.

In addition to the assistance gained from our federal partners, sister state agencies and many community-based organizations, all of these efforts have dramatically changed the Department’s management of the family sheltering system—moving away from just managing shelter to addressing the issues of family

homelessness head-on. Through the steps to augment capacity and more effectively case-manage homeless families, the Department has changed what it means to be homeless in Massachusetts. Through these and other ongoing efforts, we have ended the practice of having to place homeless families in hotels and have enhanced the capacity of the sheltering system to better address the needs and leverage the strengths of homeless families.

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